

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/936853**

FILING DATE

APPLICANT(S)

1-6-06 8-17-06 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2						
3	1					
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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18		1				
19		1				
20	1		1		1	
21		1				
22		1				
23		1				
24		1				
25	1		1		1	
26	1		1		1	
27		2		2		2
28		1		2		2
29						2
30						2
31						2
32						
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49						
50						
TOTAL IND.	4		4		4	
TOTAL DEP.		28		36		3
TOTAL CLAIMS	28		30		3	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						